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ABSTRACT

The Parent Infant Resource Systems program at the Lexington School for the Deaf (Jackson Heights, NY) provides intensive coursework and hands on experiences for professionals concerned with the needs of hearing impaired and/or multiply handicapped hearing impaired infants and their families. One of the training activities, a 6 week training module, involves a curriculum of coursework, practicum, and supervised observation on issues related to five content domains (psychosocial, educational, developmental, audiological, and group work areas). Use of the program training staff from the Summit Speech School, a private auditory/oral preschool for hearing impaired children, has resulted in a more comprehensive parent/infant program, implementation of an auditory training curriculum at the preschool level, and interaction with a statewide group of parent and infant administrators. Several of the transparency masters from the conference presentation are included. (SB)

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"Personnel Preparation: Training Specialists to Work with Young Hearing Impaired
Children and their Families."

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Background Information:

The last fifteen years has witnessed remarkable growth in the provision of services to handicapped children from birth to 3 years of age. In just this short period of time, Early Intervention Programs have blossomed from the singular focus of infant intervention to an expanded family-infant focus. This shift in focus has created numerous issues for program staff to explore and incorporate within service delivery models. For example, in previous years, the major thrust of Early Intervention programs was directed toward the child. (SLIDE: CHILD WITH THERAPIST). Services were administered through either an educational model or a medical model and parents were, for the most part, passive observers of "the laying on of hands." (SLIDE: CHILD, PARENT AND THERAPIST).

As parents became more involved in their children's educational and therapeutic programs, staff became more aware of the magnitude of parental needs and concerns. (TRANSPARENCY # 1). Agencies responded to these needs by developing services which were parent oriented. Thus, ideas such as home-base programing, (SLIDE: PARENT, CHILD, TEACHER AT HOME), parent advocacy (SLIDE: TWO PARENTS IN LIBRARY), and family support groups came into vogue. (SLIDE: PARENT GROUP). As programs developed new services, staff acquired new roles. (TRANSPARENCY # 2), and these new roles in turn required the acquisition of new skills. (TRANSPARENCY # 3.)

Today, opportunities for developing these skills are usually available through three different sources; university based training, on-the-job training and training acquired as a result of conference participation. For professionals working with the young hearing impaired child, the number of degree granting programs is quite small. Conferences directed at the unique needs of professionals servicing parents of young handicapped children are also difficult to locate. On-the-job training seems to be the general format for "learning the ropes" and such learning experiences vary from setting to setting, depending largely on the availability of resources. (TRANSPARENCY # 4.)

A more appropriate training environment might be found through the format of independent study. Utilizing this independent study format, trained and experienced staff are available to coach professionals interested in updating their skill and knowledge base. For professionals working with young hearing impaired infants and their families, opportunities for independent study are available through Parent

Infant Resource Systems, (TRANSPARENCY # 5), at the Lexington School for the Deaf, Jackson Heights, Queens, New York. (SLIDE OF LEXINGTON SCHOOL)

Funded through the Division of Personnel Preparation, Office of Education, this grant provides intensive coursework and hands-on experiences for professionals concerned with the needs of young hearing impaired infants and or multiplyhandicapped hearing impaired infants and their families. SLIDE:MOTHER, FATHER AND YOUNG HEARING IMPAIRED BABY).

A schematic overview of the project might look something like this. (TRANSPARENCY # 6). As you can see, many of our training activities are dependent on inhouse resources; specifically: the development of training materials (such as a multi-media self instructional module on initial aiding in young children); and the design and implementation of training activities. External consultants and other parent-infant programs are also utilized throughout the training. Project staff are also involved in several other activities which include:

- . Provision of Resource Services and training activities for inhouse staff and parents.
- . Coordination of a Special Interest Group for professionals involved in providing services for young hearing impaired children.
- . Dissemination Activities.

Each year, we enter into training agreements with 8 community organizations who are currently servicing young hearing impaired children and their families. Training activities address the overall needs of the organization's Parent Infant program and also the individual needs of their staff in proficing appropriate and accessible services to the local community. Thus, program administration, direct service staff and community support staff participates in various phases of the training to include: (TRANSPARENCY # 7)

- . Initial interview at Home Base program (SLIDE OF TRAINING PARTICIPANTS PROGRAM).
- . 6 week Hearing Impaired Module (Lexington based training and field based training) (SLIDE OF TRAINING ACTIVITY IN NEW YORK AREA).
- . 2 week Summer Institute: Multihandicapped/deaf. (Lexington based training and field based training). SLIDE OF TRAINING ACTIVITY IN NEW JERSEY PROGRAM FOR MULTIHANDICAPPED CHILDREN.)
- . Follow-up training activities for parents, support staff and community members at training participants program. (SLIDE: TRAINING ACTIVITY)
- . Follow-up consultation for homebase parents and staff at Lexington. (SLIDE OF VISITORS AT LEXINTON.)

Weekly cost of living stipends and scholarships for graduate credit at Teachers College, Columbia University, are provided for participants in the 6 week module and the 2 week module.

Training Design:

Now, we'd like to take an indepth look at one fo the training activities; the 6 week module. (TRANSPARENCY # 8).

First, we'd like to share with you a statement by John Goodlad, which we feel represents the overall focul of our project--that of organizational defelopment. Goodlad says "Making change in a system, is like introducing disease into the body .. the impact is more than just isolated." Thus, our training design is not just directed at the "isolated" individual, (TRANSPARENCY # 9), but rather at the individual as an integral part of an organizational system. (TRANSPARENCY # 10 ON TOP OF # 9 .) We recognize that within an organization, its often difficult to make changes from below, and equally as difficult to legitimate changes from the top. (TRANSPARENCY # 11). Therefore, we work closely with the organization's administrative staff and direct service staff, to identify the projected impact of training. (TRANSPARENCY # 12).

We begin this collaborative process with a comprehensive needs analysis of the organization and of the individual training participant, because we believe that needs assessment is the cornerstone of good training. We borrow Marvin Weisbord's notion that the primary function of needs assessment is the identification of what is versus what should be . (TRANSPARENCY # 13).

During our 2-day on-site interview of the training applicant's program, we collect needs assessment data through formal processes (TRANSPARENCY # 14) and informal processes (TRANSPARENCY # 15). Together with program administration, support staff, and training participant, we review the training participants completed organizational survey. (TRANSPARENCY # 15*) . We then interview staff, parents, board members and administrators, to assist us in the determination of agency training interests, needs and priorities. (TRANSPARENCY # 16). We move on to the training needs analysis of the individual, again identifying discrepancies between current proficiencies and desired proficiencies. (TRANSPARENCY # 17). Tis process includes data collected by means of: Self assessment ratings, Supervisors ratings, Pre/test information and training questionnaires. (TRANSPARENCY # 18).

Finally, we begin the joint process of designing the training goals and methods as identified in the Agency Learning Contract or Individual Program Plan. (I.P.P.) (TRANSPARENCY # 19). Once the I.P.P. is completed, we return to Lexington and share the needs assessment materials with our course instructors and practicum supervisors so that they can begin to plan for training! This is quite a task, as membership in each

training group varies from group to group and within groups. Staff must consider individual differences in terms of the participants professional preparation (TRANSPARENCY # 20), their work experience (TRANSPARENCY # 21) and their life experience (TRANSPARENCY # 22).

We then begin the task of goal setting and we visualize this process as a collaborative process, (TRANSPARENCY # 23), and utilize a framework for goal orientation suggested by Havelock and Havelock. (TRANSPARENCY # 23*). They begin with the notion of psychological wholeness---the training trilogy of attitudes, knowledge and skills to consider three questions:

1. Do training goals address an attitudinal orientation----such as appreciation of individual differences amongst parents in regards to their "acceptance" of their handicapped child. (SLIDE: PARENTS MEETING WITH TEACHER.).
2. Do training goals address a knowledge orientation ---such as understanding the developmental stages of the separation-individuation process as identified by Margaret Mahler. (SLIDE: PARENT AND CHILD PLAYING HIDE AND SEEK.).
3. Do training goals address a skill orientation---such as the ability to trouble-shoot common mechanical problems characteristic of ear level aids. (SLIDE: TEACHER CHECKING TUBING ON EARMOLD.)

The second parameter suggested by the Havelocks is that of breadth or scope of training and asks the following questions:

1. Is the training goal to focus on specific isolated skills--such as hearing aid checkout (SLIDE: TEACHER PERFORMING A.M. HEARING AID CHECKOUT.)
2. Is the training goal to focus on sets of integrated skills and functions--such as interpretation of/and inclusion of audiological data into the educational intervention program. (SLIDE: AUDIOGRAM).
3. Is the training goal to prepare participants for new roles within a program--such as co-leadership of parent discussion groups. (SLIDE: PARENT GROUP).
4. Is the training goal to prepare participants for new roles within the agency--such as the design, implementation and evaluation of a data collection process for language sampling. (SLIDE: THERAPIST RECORDING MOTHER-CHILD INTERACTIONS.).

Thirdly, goal orientation should address the issue of life history relevance.... or, how do the training goals relate to what already exists within the trainee. Thus we might ask:

1. Is the training concerned with providing inputs which are largely unique and original to the trainee, thereby focusing on new attitudes, knowledge or skills, such as the selection and development of alternative communication systems. (SLIDE: PARENT SIGNING TO CHILD).

2. Is the goal orientation to provide reinforcement or additional support for attitudes, knowledge and skills already possessed by the trainee--such as an update on auditory training programs. (SLIDE: TEACHER AND CHILD USING LANGUAGE MASTER AND ASIPS PROGRAM.)

3. Is it the focus of training to clarify and redirect existing attitudes, knowledge or skills which seem to be growth prohibiting--such as exploring options for incorporating the strategy of child initiated play in a program model which is primarily teacher directed. (SLIDE: YOUNG CHILD AND TEACHER.)

Lastly, Havelock's framework considers the transferability dimension of goal definition to ask:

1. Is the training goal directed at individual growth or self fulfillment--such as better understanding of one's leadership skills in regards to task and maintenance functions of small group activity. (SLIDE: TRAINING GROUP WITH BLACKBOARD DISCUSSION OF SITUATIONAL LEADERSHIP.)

2. Is the goal directed at preparing the training participant to train others--such as helping parents to identify communicative interactions which facilitate the increase of child initiated utterances. (SLIDE: PARENT AND TEACHER REVIEWING VIDEOTAPE.)

3. Is the goal directed at establishing more global changes within an organization--such as the development and coordination of early identification and referral services for children at risk for hearing impairment. (SLIDE OF COMMUNITY MAP AND EARLY DETECTION CENTERS.)

Having identified training goals/objectives, we must now consider the training process and training content. In answering the question, "How do you train?", we look to the work on adult learning by Malcom Knowles. Although we accept his belief that self-directed learning is a normal and universal activity amongst adults, (TRANSPARENCY # 24), we also realize that many adults do not approach learning experiences from this perspective--but from one which is characterized by a sense of dependency on the instructor. (TRANSPARENCY # 25.)

Therefore, prior to training, we concentrate on preparing the participants for their experience as self-directed learners, and try to reduce the stress and anxiety about the new learning situation. Copies of required readings, course outlines and a videotape of the practicum model is sent to the training participants prior to training--so that they can ease into the learning activities.

Other training issues we emphasize include the following:

1. Training is a shared experience and characterized by give and take. We expect to learn from the participants and with the participants. (TRANSPARENCY # 26.).

2. Project staff function as facilitators to the learning process. We are here to make their learning experiences comfortable and productive--but they must identify and pursue their needs. (TRANSPARENCY # 27).

3. Evaluation is a two way process; participants will be asked for weekly feedback, and will complete final evaluation instruments which include a post test, course evaluation and projected plans for implementing results of training upon returning to their home base program. (TRANSPARENCY # 28).

4. Learners involvement is essential, and built into the training format. This format varies from the standard lecture to active small group discussions, role playing, brainstorming, etc. Course content, group learning styles and instructor's facilitating styles all contribute to the design of training formats. (TRANSPARENCY # 29).

5. Lastly, we have with them the fact that replication of the Lexington model is not required as a result of training. We see our direct service model as working for our staff and our families, but realize that this is just one approach to working with the young hearing impaired child. (TRANSPARENCY # 30).

Thus the training begins, and activities related to the core curriculum are scheduled for the group. This curriculum includes coursework, practicum and supervised observation on issues related to five content domains which focus on psychosocial issues (THREE SLIDES), educational issues (THREE SLIDES), developmental issues (THREE SLIDES), audiological issues (THREE SLIDES), and group work (THREE SLIDES.). Field visits are scheduled to supplement inhouse training. Participants identify programs they would like to visit and people they would like to meet with.

This completes the overview of our 6 week module. Please note that our two week Summer institute is similar in terms of the training philosophy. As you can imagine, the content is quite different as it relates to the concerns of the multihandicapped deaf child. Typically these children are serviced by more than one agency so that one agency focuses primarily on the child's hearing impairment while the other agency focuses on the "other" handicapping conditions. In an effort to develop a more integrated approach to working with such children, we ask each training participant to invite a buddy to training--bringing someone with them who represents an "other" agency. We do this in hopes of facilitating collaboration amongst local service providers.

The last portion of our presentation today deals with the issues of follow-up, or what happens when the trainees return to their home base program. (TRANSPARENCY # 31.) . Ellen Ivy, President of the Board of Directors of the Summit Speech School, is here today to discuss our follow up activities. She is representing one of the 34 agencies with whom we have trained over the last five years.

I hope I can share with you some of the excitement and experiences that have resulted from the Summit Speech School's involvement with the P.I.R.S Training Program at the Lexington School for the Deaf. My remarks are in response to four questions I thought you might ask:

1. What is the Summit Speech School?

The Summit Speech School is a private auditory/oral preschool for hearing impaired children birth through age five. We are presently in our 14th year of service. The stated objective of the school is through early identification and training to provide each hearing impaired child with the communication skills necessary to integrate into mainstream education.

2. Why was Summit interested in sending a staff member to Lexingtons Training?

The need for a strong parent/infant program has always been recognized by the Speech School. We have responded as best we could until the present time. The staff at the School are certified teachers of the hearing impaired, and the classroom teachers are also trained in early childhood education.

Recognition and definition of the need for "special" help for hearing impaired infants and their families has been a recurring theme since 1975--in particular, articles by Northcott, Ling and Connor. In addition, the staff at the school had become increasingly sensitive to the need for a counseling component in the Parent/Infant program and the needs of bilingual/bicultural families because of our recent population.

To the best of our knowledge, the kind of training that addressed these needs and focused on "special help" for infants and families only became available in our area in 1977 at Lexington.. At that time, the Lexington training was 4months duration.

Two very fortunate things happened last spring: First of all, the Speech School was awarded a "Revitalization Grant" in part to be applied toward training a parent/infant specialist, Secondly, Lexington was awarded another 3 year Federal grant--only this time the training was limited to a six week period. This shortened training format met the needs of the school calander--and staff, as the training participant was the mother of a young family. We applied for training and happily, were accepted in the Fall 1980 program.

3. What was the Agency's responsibility if accepted to the program?

- . Assure our staff member of her position upon her return from training.
- . Provide some kind of support for her while away.
- . Assure weekly communication with the school.
- . Provide 3 dissemination activities within one year of completion of training; since her return in Feb. she has provided an in-service training

to the entire staff and she will take part in a community education program in May. Visit Lexington during or soon after Mrs. Miller's training to better acquaint ourselves with this program and take advantage of Lexington as a resource. We made two visits--both times staff and board members were involved--we met with a variety of people--sometimes separately and sometimes together. We sought answers and help regarding curriculum, funding issues, organizational development, Language assessment, etc. One of the most exciting hours we spent was in learning specifically about a new Auditory Training Program. Mrs. Miller had returned excited about it. Through our visit we became excited--staff and board members alike.

4. What kind of impact or other influence has the training has on the agency?

a. Our Parent/Infant Therapy is now a more comprehensive Parent/Infant Program. Mrs. Millde did this with a proposal to the Board of Directors in the form of a Job Description describing her responsibilities at school, off-site (with parents) and record keeping. I have even referred to her new role as "guardian angel"; it recognizes the special needs of parents at this vulnerable time. In Mrs. Miller's own words: "it recognizes that parents need a place, a haven, where they can find support, a sympathetic listening ear, information as they are ready for it, and the opportunity to develop the skills necessary for helping their special child." A Speech School Board member (Director of a local Speech and Hearing Center) commented, "What a special concept! So needed! Something most hospital therapy programs cannot provide."

b. Another immediate result is that we are beginning to implement the auditory training curriculum mentioned earlier; not only in the Parent/Infant Program, but the preschool classes as well. Lexington is providing on-site inservice for our staff by a Lexington staff member who has been using the curriculum for some time now.

c. We learned of and are becoming acquainted with a statewide group of Parent/Infant Administrators who meet regularly in New Jersey to discuss issues of concern of young handicapped children and their families.

The bottom line in all of this, of course is the quality of services to parents and children. We will continue to look, assess, and request feedback from our families. We feel we will be able to continue to look to Lexington for help in doing this or with any other problem that might arise.

Theeeth School is as small as Lexington is large. They have been helpful, supportive in every sense of the word. This experience has been exciting from the Agency's point of view as well as Mrs. Millers's. We feel we have found a very good friend in Lexington. WE hope we will be able to share with others as they have shared with us.

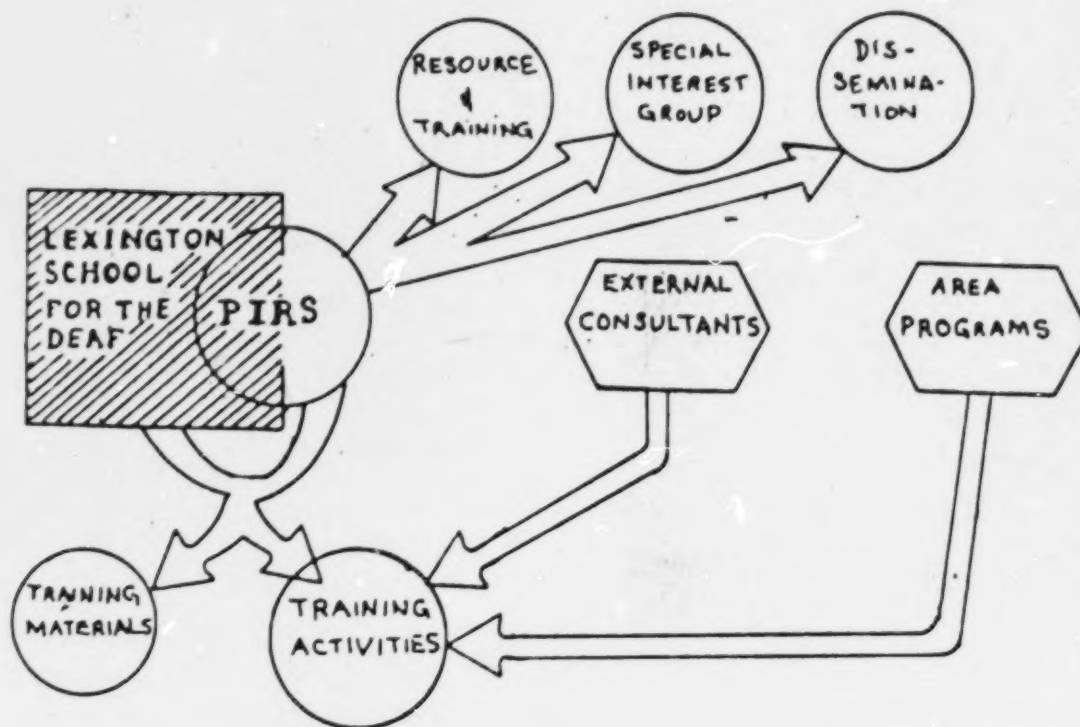


Parent Infant Resource Systems

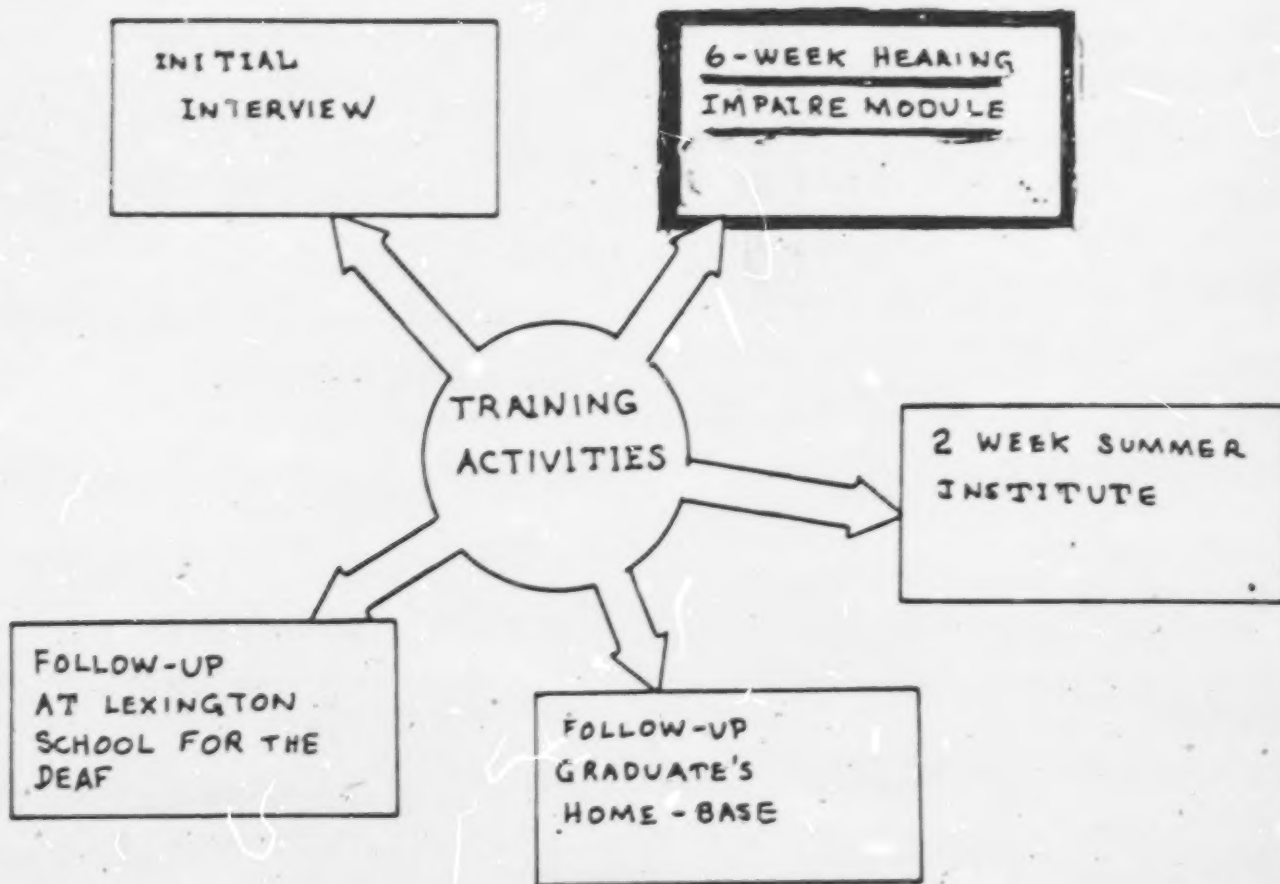
Lexington School for the Deaf

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TRANSPARENCY # 6. SCHEMATIC OVERVIEW OF THE PROJECT



TRANSPARENCY # 8: TRAINING ACTIVITIES: 8-WEEK MODULE

20. Knowledge or understanding of:

- The multiple cues inherent in spoken language (contextual, linguistic, phonemic, prosodic, auditory, visual, tactual).

30. Ability to provide parent information concerning:

- the realistic understanding and acceptance of the infant's disability.

Rating of Employee's Performance

	<u>N.A.</u>	<u>Superior</u>		<u>Good</u>		<u>Poor</u>
Diagnostic Skills	—	—	—	—	—	—
Educational Planning	—	—	—	—	—	—
Assessment of child performance	—	—	—	—	—	—

d. Willingness and initiative to effect change in existing infant program.

superior

good

poor

—

—

—

—

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Pre Test

- Describe three reasons why a hearing aid may have "feedback" in a hearing impaired infants ear:
- Consider the following: You are the leader of a parent discussion group which has been meeting weekly for the last 5 weeks. As the leader how would you handle the following:
 - ...a member who monopolizes...
 - ...a member who is consistently late....
 - ...a member who cannot listen to other participants without interrupting...
 - ...a member who breaks down, and runs out of the room in tears....

Training Survey

- When being exposed to a "new" theoretical framework, my way of incorporating it within myself is.....
- I'm hoping this course/practicum/ supervision/visit/etc. will help me address.....

TRANSPARENCY # 18: SELF ASSESSMENT, SUPERVISORS' RATINGS...

Needs Assessment Item	Goal/Objective	Method	Date	Implementation Steps
D.) Evaluation and Assessment Process	To develop a protocol for informal/formal communication - language assessment	Review assessment procedures of: Bloomlahey, SC'D, LAP, Ski-High. Interview by phone 3 preschool programs for the deaf to determine their format		
E.) Enrollment/Admission Process	Not Applicable			
F.) Services Provided	Incorporate alternative services for bilingual parents	Visit a real program for Hispanic parents. Meet with LISTO Staff. Contact clearinghouse for bilingual material.		

TRANSPARENCY # 19: AGENCY LEARNING CONTRACT OR INDIVIDUAL PROGRAM PLAN

GOAL ORIENTATION

- I. Psychological Wholeness
 - Attitude
 - Knowledge
 - Skill
- II. Breadth of Scope
 - Isolated Skills
 - Skill Sets
 - New Program Roles
 - New Agency Roles
- III. Life History Relevance
 - New
 - Reinforcing
 - Redirecting
- IV. Transferability
 - Individual Growth
 - Training Others
 - Organizational Change

TRANSPARENCY 23* : from Havelock & Havelock (see reference list)